

Hitchcock Clinic—Concord Pediatric Care Plan Part I

Child's Name_____Nickname_____DOB_____		
Parent (Caregiver)_____(Relationship)_____		
Address_____		
Phone #(home)_____(Blocked? Y__N__) Best time to reach_____E-mail_____		
Mom Alternate Phone_____Dad Alternate Phone_____		
Emergency Contact_____Phone _____Relationship_____		
Emergency Contact_____Phone _____Relationship_____		

Diagnose(s): ↓	→ Emergency Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complexity Level
Primary _____	ICD9 _____	Primary _____	ICD9 _____
Secondary _____	ICD9 _____	Secondary _____	ICD9 _____
Secondary _____	ICD9 _____	Secondary _____	ICD9 _____

Allergies/reaction: _____ _____ _____	
Medications/dose: _____ _____ _____ _____ _____	

PCP _____	Phone _____	Fax _____	E-Mail _____
#1 Specialist/Specialty Clinic/Hospital Phone	Other (fax, e-mail, etc.):		
#2	Other (fax, e-mail, etc.):		
#3	Other (fax, e-mail, etc.):		
#4	Other (fax, e-mail, etc.):		

Nursing Service/Respite _____ Phone _____

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